



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

December 18, 2014

Anita Lemke
918 8th Street SW/#1
Altoona, IA 50009

Dear Child Care Provider,

This letter is in regards to the December 16, 2014 compliance check of your Level A, Registered Child Development Home. Iowa Code Chapter 237A and 441 Iowa Administrative Code, Chapter 110, describes specific requirements that must be met by a Registered Child Development Home. The following areas were out of compliance at the time of my visit:

☐ 110.5(1)a Numbers for each child's parent, physician, and a responsible person are accessible by the phone.

You indicated you have these numbers available and in your cell phone as was requested during last years spot check. You have agreed to re-post these numbers in a visible and accessible location. A form was provided to accommodate all of these numbers for your convenience.

☐ 110.5(1)b All medicines and poisonous, toxic, or otherwise unsafe materials are secured from access by a child.

You have agreed to move the medications in the kitchen cabinet to a more child safe and secure location in your bathroom. Medications should be moved from the kitchen as children could climb on the couch and access the cupboard.

☐ 110.5(1)m Has not less than one 2A 10BC rated fire extinguisher in a visible and readily accessible place on each child-occupied floor.

Your fire extinguisher was too small. Please obtain a larger classification. Your current classification is a 1A 10BC. You need a 2A 10BC or larger. Please check the extinguisher at the time of purchase, it should say classification: 2A 10BC right on the extinguisher in small print.

☐ 110.5(2)c An individual file is maintained for each staff assistant and contains:

You were not out of compliance with this portion of the code, the following information regarding assistants is being provided for your reference only.

☐ 110.5(2)c A completed DHS Criminal History Record Check, form B, 595-1396

☐ 110.5(2)c A completed Request for Child Abuse Information, form 470-0643

☐ 110.5(2)c A physician's signed statement of health and immunization status at the time of employment and at least every two years thereafter.

☐ 110.5(2)c Certification of two hours of approved training relating to identification and reporting of child abuse within 6 months of employment and repeated every 5 years.

☐ 110.5(8) Children's Files

☐ 110.5(8) An individual file is maintained for each child and updated annually or when there are changes. Each file contains:

☐ 110.5(8)e For infants and preschoolers: A statement of health signed by a physician submitted annually.

You indicated you are continuing to work with the parent to obtain this information. You can use the form on page 4 of the packet provided to assist the parent in obtaining this information.

Non-compliance with any of the mandated regulatory requirements listed above may lead to the cancellation or revocation of your Child Development Home Registration. **Please take whatever steps are necessary to completely address each of the violations noted above. It is essential you correct all above-mentioned violations within the next 45 days.**

☐ Based on the items out of compliance listed above, you will be required to have a recheck or follow up visit to your home. This visit will occur after the 45 day time period has elapsed.

x ☐ Based on the items out of compliance listed above, a recheck or follow up visit to your home is not necessary. However, it is essential you provide documentation to the Department that certifies you have corrected each of the identified regulatory violations and are now in complete compliance with all Departmental regulatory mandates. **Please check mark each of the boxes listed above when the necessary corrections have been completed. By doing so, you certify that you have completed all of the mandated regulatory requirements contained within each identified section.**

I certify that I have taken all of the steps necessary to correct each of the identified violations noted above and am now in complete compliance with all of the Departmental mandated regulatory rules.

Please sign and date below, and return this form in the provided envelope by: February 2, 2015

X _____

Signature

Date

Please do not hesitate to contact me at DHS at 515-993-1742 or mcrawfo@dhs.state.ia.us if you have any questions regarding this letter.

Sincerely,

Melissa Crawford
Social Worker II

C. Mark Chappelle
Social Work Supervisor

Always Remember:

Child Care Resource and Referral is an excellent resource for providers to access training options and support in your area. You can reach Child Care Resource and Referral at 1-800-722-7619.

As you plan your future trainings to meet your 24 hours of training requirement, please remember that you need to use only DHS approved training and only 12 hours can be by self-study. You can access the approved training by going to http://www.dhs.state.ia.us/Consumers/Child_Care/Professional_Development.html and you can sign up for training at <https://ccmis.dhs.state.ia.us/trainingregistry/>

All providers need to maintain compliance with rules set out in Iowa Administrative Code, Chapter 110, which includes: 441 IAC 110.5(1): Check with the appropriate authorities to determine how the following local, state, or federal laws apply to you: • Zoning code • Building code • Fire code • Business license • State and federal income tax • Unemployment insurance • Worker's Compensation • Minimum wage and hour requirements • OSHA • Americans with Disabilities Act (ADA).